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Office Use Only

NOVA SCOTIA TEACHERS' PENSION PLAN APPLICATION FOR A SERVICE PENSION

Teacher Identification PLEASE PRINT

SURNAME:		GIVEN NAME(S):			
PROFESSIONAL NUMBER:	TELEPHONE #:	SOCIAL INSURANCE NUMBER:		DATE OF BIRTH (DAY/MO/YEAR):	
MAILING ADDRESS Line 1 - NO. & STREET/PO BOX:			E-MAIL ADDRESS:		
MAILING ADDRESS Line 2 - NO. & STREET/PO BOX:		CITY/TOWN:	PROVINCE:	POSTAL CODE:	
PROPOSED RETIREMENT DATE:	LAST EMPLOYING SCHOOL BOARD:		LAST TEACHING DAY:		

Identification of Person to Receive Pension Benefit upon Your Death PLEASE PRINT

PLEASE NOTE:

The Teachers' Pension Plan stipulates that in the event of your death, a pension is payable to the following categories of persons in order:

- (1) spouse/partner and children if any (payment to children subject to age restrictions)
- (2) if no spouse, then to children (subject to age restrictions)
- (3) if no spouse or children then to a related person (restricted to certain specified relatives) who was dependent on you by reason of mental or physical infirmity

A lump sum may only be payable if there are none of the above to receive a pension.

Please complete the information below with **your spouse's details**. If you do not have a spouse but have other dependants as described above, then please see the included Designation of Beneficiary Form.

SURNAME:		GIVEN NAME(S):		
TELEPHONE #:	SOCIAL INSURANCE NUMBER:		DATE OF BIRTH (DAY/MO/YEAR):	

Please check here if mailing address is same as above or provide new address below.

MAILING ADDRESS Line 1 - NO. & STREET/PO BOX:		E-MAIL ADDRESS:		
MAILING ADDRESS Line 2 - NO. & STREET/PO BOX:		CITY/TOWN:	PROVINCE:	POSTAL CODE:

X _____

Signature of Teacher

_____ Date

